

APPLICATION FOR
NAVY CONTRACT POSITIONS
JUNE 10, 2002

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE JULY 2, 2002. SEND OR EMAIL YOUR APPLICATION TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 02 (Joanne Keyser)
1681 NELSON STREET
FORT DETRICK MD 21702-9203
Email: JMKeyser@us.med.navy.mil
Phone: (301) 619-2138

A. NOTICE. This position is set aside for individual Occupational Therapists only. The health care worker shall work in support of the Educational and Developmental Intervention Services (EDIS). Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. Occupational Therapist. The Government is seeking to place under contract an individual who holds a current, unrestricted license to practice as an occupational therapist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and/or has holds membership in good standing with the National American Occupational Therapy Association. This individual must also (1) meet all the requirements contained herein; and (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award.

Services shall be provided in support of the EDIS program of the Naval Hospital, Roosevelt Roads, PR. Services shall *be* provided in the Roosevelt Roads, Fort Buchanan and Borinquen EDIS offices, naval hospital, the patient's home, or the patient's day care setting located on or off base.

You shall be on duty in the assigned duty area for no less than **80** hours per month, between the hours of 0800 and 1800 (10 hour work days or 0800 and 1600 (8 hour work days). The maximum requirement shall be 80 hours per two week period. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday, when working an 8 hour schedule. You may also provide services for a 10.5 or 11 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday, when working a 10 hour schedule. Although you may be scheduled to work a combination of hours, you shall not exceed 80 hours per pay period. Hours will be assigned based on client need and treatment requirements, which may involve up to, but not exceeding, a 10 hour work day. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government representative for this contract. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties as an Occupational Therapist.

You shall possess a valid driver's license and shall furnish a vehicle for own use when a government vehicle is unavailable. When using a personal vehicle for work, you shall be compensated for mileage at the prevailing rate offered to civil service employees. You shall not transport the patient or patient's family in a self-provided, personal or government vehicle without prior approval from the Head, EDIS.

You shall accrue 1 hour of personal leave (sick/vacation) per each 10 hour period worked; not to exceed 8 hours per 80 hour period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day,

Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with four options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy and/or subject to the availability of funds.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commanding Officer, Naval Hospital, Roosevelt Roads, Puerto Rico, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. Duties and Responsibilities. Your actual clinical performance will be a function of the Commanding Officer's credentialing process, and the overall demand for Occupational Therapy service. You shall perform services on site, using Government furnished facilities, equipment and supplies. Caseload includes scheduled and unscheduled requirements for care. You shall maintain liaison with the department head per established command policies.

ADMINISTRATIVE AND TRAINING REQUIREMENTS. You shall:

1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, aides, students) assigned to you during the performance of clinical procedures. You shall perform limited administrative duties that include maintaining statistical records of your clinical workload, participating in education programs, and participating in clinical staff Performance Improvement functions and Process Action Teams, as prescribed by the Commanding Officer.
2. Participate in weekly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.
3. Participate in the provision of monthly in-service training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to respiratory therapy services.
4. Attend annual renewal of the following Annual Training Requirements provided by the MTF: family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.
5. Participate in the implementation of the Hospital's Family Advocacy Program as directed.
6. Attend Composite Healthcare System (CHCS) and KG-ADS training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.
7. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification.

8. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

STANDARD DUTIES. You shall perform a full range of occupational therapy services, within the scope of this statement of work, on site using Government furnished facilities, equipment, and supplies. Workload includes scheduled and unscheduled requirements for services. Workload is scheduled as a result of demands related to the provision of medical care by the military and civilian practitioners as well as other requirements. You are responsible for the delivery of comprehensive occupational therapy services within the personnel, supply and equipment capabilities of the facility, and for the quality and timeliness of records, reports, and documentation of services provided. Your productivity is expected to be comparable to that of other occupational therapists assigned to the same facility and authorized the same scope of practice. Routine workload will be scheduled by the central appointments system or the EDIS Department. Primary workload is a result of appointments scheduled through the EDIS Department. Secondary workload is the result of consultation requests submitted to the Physical Therapy/Occupational Therapy Department by other Staff providers.

1. **Function:** You shall evaluate patients, establish written treatment goals/plans, and apply treatment for the EDIS, targeting the patient population of infants and toddlers from birth to 36 months old inclusive who have developmental delays or disabilities or are at-risk for developmental delay. You shall perform a full range of Occupational Therapy services, within the scope of this statement of work, using government furnished supplies, facilities and equipment, in coordination with the EDIS, and within the scope of clinical privileges granted by the Commanding Officer. Workload occurs as a result of demand for occupational therapy services and is scheduled in coordination with Head, EDIS. As an ancillary support service, all patient contact and care is expected to be safe and timely and result in achievement of realistic and documented treatment goals, and comply or satisfy the intent of the referring medical staff.

2. **Legal Base and Philosophy:** Services provided under the contract are required by the Individuals with Disabilities Education Act, as amended (20 U.S.C., Section 1400) and under section 2164 of 10 U.S.C. as added by Section 351(a) of Public Law 103-337. The EDIS involves the provision of services such as physical therapy, occupational therapy, speech therapy, education and counseling intervention to eligible infants and toddlers with disabilities, ages 0-36 months inclusive, and their families. The emphasis of EDIS is on family-centered care, i.e., emphasis on the patient (child) within the family unit, rather than on the patient alone. The parent(s)/guardian(s) is an integral part of the treatment team. Services are to be provided in patient's "natural environments," i.e., patient's home or day care setting. The health care worker shall service as a liaison between the patient/patient's family, caregivers, therapists, the Naval Hospital, and other early intervention service providers.

3. **Location of services:** Services shall be provided primarily in the designated EDIS office or the patient's home, but may, on occasion, be provided in the Hospital, or in the patient's day care setting. Office of the healthcare worker will be located at Naval Hospital or other location aboard the military installation.

4. **Team Membership:** You shall serve as a member of the EDIS Team, which may consist of the Head, EDIS, pediatrician, occupational therapist, speech/language pathologist, special educator, physical therapist, social worker, nurse, psychologist, parents/caregivers, and referring providers. The EDIS is a transdisciplinary team approach to assessment and treatment. Each professional within the team may have direct involvement with the patient and family and will collaborate with family and team members in carrying out the child's program. Even when evaluations are performed independently, treatment planning will occur as a result of group consensus. Each member of the transdisciplinary team is accountable to the team as a whole. The health care worker will be an active member of the EDIS team and is required to be present at team meetings at the discretion of the Head, EDIS.

5. **Patient Characteristics:** You shall provide assessment and treatment to infants and toddlers from birth to 36 months who have developmental delays or disabilities or are at-risk for developmental delays and their families, and to other pediatric patients as workload allows. Typical diagnoses of patient population include, but are not limited to, the following:

- Prematurity
- Developmental Delay
- Cerebral Palsy
- Spina Bifida
- Prenatal Drug and Alcohol Exposure
- Chromosomal Abnormalities
- Autism
- Failure to Thrive
- Neurological Dysfunction
- Sensory Deficits
- Neuromotor Disorders
- Congenital Limb Deformities
- Other Chronic Illnesses which may affect development

6. Screening/evaluation/assessment. You shall provide screening services for the purpose of identifying children who are not functioning within typical developmental parameters and who may require further evaluation or services.

6.1. You shall provide evaluation and assessment of infants and toddlers with disabilities, ages 0-36 months. All patients shall be referred for initial evaluation to the health care worker through the EDIS. Evaluations will primarily be conducted in collaboration with other EDIS team members. Re-evaluations will be conducted at six-month intervals in conjunction with establishment or review of each patient's Individualized Family Service Plan (IFSP), or as indicated by treatment planning needs. The written findings of the initial evaluation and/or re-evaluation and recommended treatment plan shall be provided to the patient's service coordinator within 10 business days following the evaluation.

7. Treatment planning/scheduling. You shall collaborate with other EDIS team members, parents, and community service providers in developing a transdisciplinary Individualized Family Service Plan (IFSP) for each EIP-eligible patient and family. Discipline-specific treatment goals, both long and short term, shall be incorporated into the patient's IFSP, as appropriate. IFSP's and treatment goals shall be reviewed and updated at least every six months.

7.1. Routine workload shall be scheduled by you or support staff with the mutual agreement of the patient's family. Services shall be provided in accordance with the Individualized Family Service Plan or the patient's treatment plan.

8. Intervention. Provide comprehensive occupational therapy treatment services to pediatric patients to include, but not limited to, the following:

8.1. Development and implementation of occupational therapy interventions to enhance the patient's development and performance in:

8.1.1. Sensory Processing Skills

8.1.2. Oral Motor and Feeding Skills

8.1.3. Fine Motor Skills

8.1.4. Perceptual Skills

8.1.5. Play Skills

8.1.6. Gross Motor Skills

8.1.7. Adaptive Skills

8.1.8. Social Skills

8.2. Such interventions may include:

8.2.1. Range of motion and strengthening exercises Dexterity and Activities of Daily Living (ADL)

8.2.2. Evaluation, fitting, procurement, and instruction in use of assistive technology devices, prosthetic devices, positioning devices, Splint fabrication and training

8.2.3. Consultation with parents or caregivers regarding recommended adaptation of the patient's environment

8.3. Modify intervention and treatment plan in accordance with patient's and family's changing needs

8.4. Participate in treatment planning, family conference, and discharge planning sessions as required.

8.5. Provide service coordination/case management services to patient and family.

9. Patient/family/caregiver education. Provide instruction, guidance, and support to the patient's family or other caregivers as required to assist them in understanding the patient's abilities and needs, to enhance the patient's environment, to optimize the patient's functional abilities, and to provide emotional support. Such education may be provided individually or in a group setting.

10. Program evaluation. Coordinate with the Head, EDIS, other therapists within the EDIS team, and other providers as necessary to evaluate the EDIS and to assure complete and appropriate care. Participate in performance improvement and other program evaluation activities as assigned by Head, EDIS.

11. Documentation. Maintain documentation, on appropriate Government-furnished forms of all services provided, in accordance with the Bureau of Medicine and Surgery and Naval Hospital directives. Government computers may be used, if available. Complete the Bureau of Medicine and Surgery (BUMED) Medical Expense and Performance Reporting System and Naval Hospital reports as required.

11.2. Ensure that all evaluation and treatment reports are legible and signed, and in format required by Naval Hospital. Provide progress reports as required to the Head, EDIS.

12. Other requirements. Attend meetings and provide administrative services within the Naval Hospital and at other locations in the local area. These meetings shall consist of coordination of services with other EDIS therapists and community service providers, one-on-one interaction with the Head, EDIS for evaluation of services, and other functions to include charting, consulting, etc.

12.1. Service Coordinator. The incumbent serves as a case manager for families assigned and also acts as a liaison school-based or community-based service delivery programs. Requirements include, but are not limited to the initiation and provision of appropriate contacts including reports, letters and documents. Responsible for the completeness of charts and complies with timeliness of reports as stated in standard operating procedures at all times.

13. JCAHO Requirements - Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

13.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and

13.2. The regulations and standards of professional practice of the treatment facility, and

13.3. The bylaws of the treatment facility's professional staff.

14. Credentials and Privileging: Upon award, the health care worker shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to

the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Section 4 and Appendices G and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at: <http://www-nmlc.med.navy.mil/>

3.2. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, that individual's performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to the health care worker so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess a Bachelors Degree or Masters of Science Degree in Occupational therapy from an accredited college of Occupational therapy with two years post-graduate experience in Occupational therapy.
2. Possess a current, unrestricted license to practice as an occupational therapist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and/or current certification along with standing with the National Board for Certification for Occupational Therapists.
3. Possess experience of at least 12 months within the preceding 36 months providing occupational therapy for developmentally delayed patients.
4. Possess membership in good standing with the National American Occupational Therapy Association.
5. Provide two letters of recommendation from occupational therapy supervisors, physicians or hospital administrators attesting to your ability, skills and knowledge. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.
6. Possess U.S. employment eligibility per Attachment 3. Provide copies of supporting documentation per Attachment 3.
7. Represent an acceptable malpractice risk to the Navy.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Experience, both quantity and quality as it relates to the duties contained herein, then,
2. The letters of recommendation required in item D.5, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise as they relate to this statement of work, etc. Letters of recommendation from parents of prior patients may also enhance your ranking, then,
3. Additional medical certifications or licensure, then,
4. Total Continuing Education hours, then,
5. Prior experience in a military medical facility. Provide Form DD214.

6. Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ Two copies of completed "Personal Qualifications Sheet – Occupational Therapist" (Attachment 1).
2. _____ One copy of completed Pricing Sheet (Attachment 2).
3. _____ Two copies of Proof of employment eligibility (Attachment 3).
4. _____ Two copies of two or more letters of recommendation per paragraph D.5, above. (If applicable)
5. _____ One copy of Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ One copy of Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Sheet - Occupational Therapist ". Mark "N/A" if the item is not applicable.

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 621340.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are

encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Ms. Joanne Keyser who may be reached at jmkeyser@us.med.navy.mil or by fax at (301) 619-6793.

We look forward to receiving your application.

ATTACHMENT 1 - PERSONAL QUALIFICATIONS SHEET – OCCUPATIONAL THERAPIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Section D of the solicitation. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item VI. of this sheet, a and copy of your curriculum vitae or resume.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Professional Licensure, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that your are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.
5. Practice Information:

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license to practice or DEA certification ever been revoked or restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

| | |
|-------------|------------------|
| _____ | _____ (mm/dd/yy) |
| (Signature) | (Date) |

Personal Qualifications Sheet – Occupational TherapistI. General Information

Name: _____ SSN: _____

Last First Middle

Address: _____

Phone: () _____

II. Professional Education:Occupational Therapy Degree from: _____
(Name of accredited School and location)

Date of Degree: _____ (mm/dd/yy)

III. Professional Licensure (Occupational Therapy License must be current and valid):

_____ (mm/dd/yy)

State Date of Expiration

IV. Specialty Experience and Education: You must possess at least 12 months within the preceding 36 months providing occupational therapy for developmentally delayed patients.

V. Current NAOTA Membership (along with good standing) with the National Board for Certification for Occupational Therapists: _____ (mm/dd/yy) _____

Date of Expiration Membership Number

VII. Professional Employment: List your current and preceding employers. Provide dates as month/year.Name and Address of Present EmployerFromTo

1) _____

Work Performed: _____

Names and Addresses of Preceding Employers

From

To

2) _____

Work Performed: _____

Names and Addresses of Preceding Employers From To

3) _____

Work Performed: _____

Are you currently employed on a Navy contract? _____ If so, where is your current contract and what is the position? _____

When does the contract expire? _____

VIII. Additional Continuing Education (Factor for Award):

| <u>Title of Course</u> | <u>Course Dates</u> | <u>CE Hrs</u> |
|------------------------|---------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

IX. Professional References:

Provide two letters of recommendation from occupational therapy supervisors, physicians or hospital administrators attesting to your ability, skills and knowledge. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.

X. Basic Life Support Current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: _____

Expiration Date: _____ (mm/dd/yy)

XI. Employment Eligibility (Provide copies of supporting documentation) :

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| Do you meet the requirements for U.S. Employment Eligibility contained in Section V? | _____ | _____ |

XII. Additional Medical Certifications, Degrees or Licensure:Type of Certification, Degree or License and Date of Certification or Expiration

XIII. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, prior military experience, etc. If you have prior medical experience in a military facility, please provide a copy of your DD214 or a description of that service, if performed in a civilian service capacity.

IX. I hereby certify the above information to be true and accurate:

| | |
|-------------|------------------|
| _____ | _____ (mm/dd/yy) |
| (Signature) | (Date) |

ATTACHMENT 2

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 01 OCT 2002 through 30 SEP 2003. Four option periods will be included which will extend services through 30 SEP 2007, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Occupational Therapists in the Puerto Rico area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluation.

| <u>Line Item</u> | <u>Description</u> | <u>Quantity</u> | <u>Unit</u> | <u>Unit Price</u> | <u>Total Amount</u> |
|------------------|--|-----------------|-------------|-------------------|---------------------|
| 0001 | The offeror agrees to perform, on behalf of the Government, the duties of one Occupational Therapist for the Naval Hospital Roosevelt Roads, Ceiba, Puerto Rico, in accordance with this application and the resulting contract. | | | | |
| 0001AA | Base Period; 01 OCT 02 thru 30 SEP 03 | 2088 | Hour | _____ | _____ |
| 0001AB | Option Period I; 01 OCT 03 thru 30 SEP 04 | 2096 | Hour | _____ | _____ |
| 0001AC | Option Period II; 01 OCT 04 thru 30 SEP 05 | 2088 | Hour | _____ | _____ |
| 0001AD | Option Period III; 01 OCT 05 thru 30 SEP 06 | 2080 | Hour | _____ | _____ |
| 0001AE | Option Period IV; 01 OCT 06 thru 30 SEP 07 | 2080 | Hour | _____ | _____ |

TOTAL FOR CONTRACT LINE ITEM 0001 \$ _____

Printed Name _____ DUNS # _____

Signature _____ Date _____

Email Address _____

JK-07-02

CLOSING DATE:

JULY 2, 2002

LISTS OF ACCEPTABLE DOCUMENTS – ATTACHMENT 3

SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**ATTACHMENT 4
CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr2000.com/howto.html>. If you do not have internet access, please contact the CCR Registration Assistance Centers at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please include it with your application or mail or fax "**THIS COMPLETED CONFIRMATION SHEET**" to:

Naval Medical Logistics Command
ATTN: Code 02 (Joanne Keyser)
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Address: _____

Date CCR was submitted: _____

Assigned DUN & BRADSTREET #: _____

ATTACHMENT 5
SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals, as an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined in 13 CFR 124.1002.

Section B

[*Complete if offeror represented itself as disadvantaged in this provision.*] The offeror shall check the category in which its ownership falls:

- ___ Black American.
- ___ Hispanic American.
- ___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Quoter's Name: _____

Notice of Contracting Opportunity No.: JK-07-02